| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL036012 | A. BUILDING: **01**<br>B. WING _____ | **11/14/2019** |

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| **BROOKDALE UNION** | **1717 UNION ROAD**<br>**GASTONIA, NC 28054** |

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| C 000 | Initial Comments<br><br>Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 11-14-2019.<br><br>Records indicate this Facility was first licensed on 1-3-1995. Plans for a 30 bed addition was submitted on 6-5-1998. The facility is currently licensed for Seventy-Eight (78) residents. Based on this information, we are requiring the original facility to meet the 1993 Rules for the Licensing of Domiciliary Homes and the 1991 North Carolina State Building Code, Section 409- Institutional Occupancy; the addition to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 409- Institutional Occupancy and the entire facility to meet the applicable portions of the 2005 Rules for Adult Care Home of Seven or More Beds.<br><br>Note; The battery packs and test buttons could not be located for most of the emergency lights. Because the battery packs could not be located, most of the emergency lights in the facility were not tested. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where | C 101 | | |



Stephen Lynn - Executive Director

Signature: Stephen Lynn Date: 12/6/2019

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| C 101 | Continued From page 1<br>no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, a Delayed Egress door would not release and open as required by the NC State Building Code. The Code requires Delayed Egress exits to initiate the process to release and open when a force of not more than 15 pounds is applied to the door.<br>Finding on 11-13-2019;<br>The Delayed Egress exit near room 53 is a required exit and would not initiate and open after a force in excess of 100 pounds was applied.<br><br>2. Based on observation, an Delayed Egress exit door failed to comply with the NC State Building Code. The NC State Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."<br>Finding on 11-13-2019:<br>The required sign in the Dining room had faded to the point it was not legible.<br><br>3. Based on observation, some Delayed Egress doors were very hard to reset once opened. Delayed Egress that does not work properly could allow resident elopement.<br>Findings on 11-14-2019:<br>a. The Delayed Egress exit from the kitchen was hard to reset.<br>b. The Delayed Egress exit from the Dining room would not reset unless an umbrella stand weight was leaned against the outside of the door. | C 101 | 1. All Delayed Egress exists will be checked, adjusted, or replaced to meet standards.<br>Target Date: 12/16/19<br>Ongoing: include in monthly buildling quality check<br><br>2. New sign was ordered on and will be replaced when it arrives.<br>Target date 12/16/19<br>Ongoing: include in monthly buildling quality check<br><br>3. a) & b) All Delayed Egress exists will be checked, adjusted, or replaced to meet standards.<br>Target Date 12/16/19<br>Ongoing: include in monthly buildling quality check | Target 12/16/19<br><br>Target 12/16/19<br><br>Target 12/16/19 |

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| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 11-14-2019;<br>a. The HVAC exhaust grill and radiation damper in laundry had an excessive accumulation of dust/lint.<br>b. The HVAC exhaust grill and radiation damper in the housekeeping closet near room 25 had an excessive accumulation of dust/lint. | C 164 | 1. a) & b) All exhaust and radiation dampers in the community will be inspected and cleaned as needed to bring them up to standard. Completed 12/3/19<br>Ongoing: include in monthly buildling quality check | 12/3/19 |
| | 2. Based on observation, there was a strong unpleasant odor present in room 6A/B. | | 2. Strong odors will be monitired by staff / managment and addrressed immediatley. Completed 11/15/19<br>Ongoing - include in daily quality check | 11/15/19 |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities. | C 166 | | |

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| C 166 | Continued From page 3<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 11-14-2019:<br>a. Several (3) portable medical oxygen cylinders were stored in no rack or container in the Oxygen storage room.<br>b. A portable medical oxygen cylinder was stored in no rack or container in room 33A/B.<br><br>2. Based on observation, an extension cord was being used in place of permanent wiring in the dining room. Extension cords are intended for temporary use only.<br><br>3. Based on observation, a weighted umbrella stand was leaning against the dining room exit door creating a trip hazard.<br><br>4. Based on observation, an electrical outlet expander was in use in the bathroom off room 52. Electrical outlet expanders are not approved for use in Institutional Occupancies.<br><br>5. Based on observation, the toilet was leaking in the bathroom off room 12 A/B. Leaking toilets can cause slip and fall hazards.<br><br>6. Based on observation, the exit door in the dining room was hard to open because it was dragging on a rubber mat just outside the door. Note; This deficiency was corrected during the survey.<br><br>7. Based on observation, there was no key onsite | C 166 | 1. a) & b) All staff will be re-trained on the proper storage of oxygen cylinders. The HWD and RCC will inspect oxygen storage room and resident rooms utilizing oxygen on a regular basis.<br>Compelted 11/22/19<br>Ongoing: inspect room daily for compliance<br><br>2. Extension cord has been removed.<br>Compelted 11/15/19<br><br>3. Weighted Umbrella has been removed.<br>Completed 11/15/19<br>Ongoing: include in monthly buildling quality check<br><br>4. Electrical outlet expander has been removed.<br>Completed 11/15/19<br>Ongoing: include in monthly buildling quality check<br><br>5. Toilet has been replaced.<br>Compelted 11/15/19<br>Ongoing: include in monthly buildling quality check<br><br>6. Moved rubber mat away from door.<br>Completed 11/14/19<br>Ongoing: include in monthly buildling quality check | 11/22/19<br><br>11/15/19<br><br>11/15/19<br><br>11/15/19<br><br>11/15/19<br><br>11/14/19 |

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| C 166 | Continued From page 4<br>to allow entry into housekeeping near the med room to survey for hazards. | C 166 | 7. Key could not be located at time of survey but it is on site<br>Completed 11/15/19 | 11/15/19 |
| C 188 | Electrical Outlets in Wet Locations<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0310 ELECTRICAL OUTLETS<br>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, electrical outlets in potentially wet locations were not provided with ground fault circuit protection.<br>Locations include:<br>a. Receptacle outside the exit near room 40 A/B,<br>b. Receptacle in housekeeping on Maple Court.<br><br>2. Based on observation, there was no power provided to some GFCI type receptacles. Without power, the receptacles could not be tested to trip off. GFCI type receptacles that won't trip present the hazard of serious electrical shock or electrocution.<br>Findings on 11-14-2019;<br>a. The receptacle in the employee bathroom had no power.<br>b. The receptacle in the women's public bathroom had no power.<br>c. The receptacle outside the exit near room 53 had no power and no weathertight cover.<br>d. The receptacle outside the exit near the Activities room had no power. | C 188 | 1. a) & b) All receptacles will be inspected, tested, and replaced as needed to meet standards.<br>Target Date: 12/20/19<br>Ongoing: include in monthly buildling quality check<br><br>2. a) b) c) & d) All GFCI receptacles will be inspected, tested, and replaced as needed to meet standards.<br>Target Date 12/20/19<br>Ongoing: include in monthly buildling quality check | Target 12/20/19<br><br>Target 12/20/19 |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT | C 189 | | |

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| C 189 | Continued From page 5<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the corridor smoke detector DO38 failed to activate when tested with smoke. Smoke detectors that do not work properly endanger all residents and staff.<br><br>3. Based on observation, the battery packs and test buttons could not be located for most of the emergency lights. Because the battery packs could not be located, most of the emergency lights in the facility were not tested.<br><br>4. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.<br>Findings on 11-14-2019:<br>a. Unsealed penetration in the ceiling of the kitchen,<br>b. Wall damaged by leak and the bottom part missing in the sprinkler riser room,<br>c. Wall damaged by leak and the bottom part missing in the laundry adjacent to the sprinkler riser room,<br>d. Outlet cover missing on a communication | C 189 | 1. Smoke detector have been inspected, tested, and fixed.<br>Completed 11/16/19.<br>Ongoing: include in monthly buildling quality check<br><br>3. Battery packs and test buttons are located in attic so emergency lights will be tested during follow-up inspection.<br>Target Date follow-up visit<br><br>4. a) Hole will be sealed.<br>Target Date 12/18/19<br>Ongoing: include in monthly buildling quality check<br>4. b) & c) Wall will be inspected and damaged areas will be replaced.<br>Target Date 12/20/19<br>Ongoing: include in monthly buildling quality check | 11/16/19<br><br>Target Follow-up visit<br><br>12/18/19<br><br>12/20/19 |

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| C 189 | Continued From page 6<br>outlet in room 52,<br>e. Unsealed penetration in the HWD office,<br>f. Hole in the ceiling at the exit sign in the dining room.<br><br>5. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system.<br>Improperly fitted sprinkler escutcheons found in:<br>a. Laundry,<br>b. Drive through portico (2).<br><br>6. Based on observation, corridor doors are prevented from latching when closed to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.<br>Findings on 11-14-2019;<br>a. The door to the employee break room would not latch when closed.<br>b. The door to room 21A/B would not latch when closed.<br>c. The door to room 35A/B would not latch when closed.<br>d. The door to room 41A/B would not latch when closed.<br><br>7. Based on observation, the glass and steel framed wall holding the exit door near the Activities room had become unsecure from the floor and moved significantly when the door was opened and closed. | C 189 | 4. d) Receptacle outlet in place. Completed 11/15/19<br>Ongoing - include in monthly building quality check<br><br>4. e) & f) Holes will be sealed.<br>Target Date 12/18/19<br>Ongoing - include in montlhy building quality check<br><br>5. a) & b) Escutcheons will be inspected, fixed or replaced as needed.<br>Target Date 12/20/19<br>Ongoing - include in monthly building quality check<br><br>6. a) b) c) & d) All doors and door locks will be inspected, adjusted, or replaced as needed.<br>Target Date 12/9/19<br>Ongoing - include in monthly building quality check<br><br>7. Door and wall will be inspected and corrected accourdingly.<br>Target Date 12/13/19<br>Ongoing - include in monthly building quality check | 11/15/19<br><br>Target 12/18/19<br><br>Target 12/20/19<br><br>Target 12/9/19<br><br>Target 12/13/19 |

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| C 189 | Continued From page 7<br>8. Based on observation, there was an active, significant leak at the main valve in the sprinkler riser room. There was a bucket placed under the leak but the walls showed significant water damage.<br><br>9. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire.<br>Finding on 11-14-2019;<br>Items had been stacked to within 3 inches of the ceiling in the Administrator's office.<br><br>10. Based on observation, there was no documentation of the required in house/owner's monthly inspections for October on several of the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.<br><br>11. Based on observation, plumbing equipment drain lines were not maintained in a safe condition. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.<br>Finding on 11-14-2019;<br>The ice machine drain line was only 1/2 inch above the floor drain. | C 189 | 8. Leak will be inspected and corrected to ensure a tight seal.<br>Target Date 12/6/19<br>Ongoing - include in monthly building quality check<br><br>9. Items stacked on cupboards have been removed.<br>Completed 11/15/19<br>Ongoing - include in monthly building quality check<br><br>10. All fire extinguishers have been inspected<br>Completed 11/30/19<br>Ongoing - part of monthly quality check<br><br>11. Possible solutions will be evaluated and a permanent fix to raise the ice machine drain lines will be implemented to meet code.<br>Target Date 12/20/19 | Target 12/6/19<br><br>11/15/19<br><br>11/30/19<br><br>Target 12/20/19 |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS | C 199 | | |

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| C 199 | Continued From page 8<br>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 11-13-2019;<br>a. The exhaust provided was not working in the mop closet off the kitchen.<br>b. The exhaust provided was not working in the bathroom off room 16A/B. | C 199 | a) & b) All exhaust fans will be inspected to ensure they are working in proper order and fixed as needed.<br>Target Date<br>Ongoing: include in monthly buildling quality check | Target 12/20/19 |